



# Navy Medicine Focused Update: QDR Unified Medical Command

Navy Optometry Breakout Session  
SECO

21 Feb 06

Captain Mike Mittelman



# MHS Transformation- Four Focus Areas

- ❑ **Transform the Force:** Transform medical force so future medical support –
  - Is fully aligned with Joint Force concepts and provides optimum interoperability and interdependency in support of the Joint Force
  - More rapidly responds to the needs of the changing national security environment
- ❑ **Transform the Infrastructure:** Transform MHS infrastructure management to –
  - Reduce excess capacity and support jointly-operated facilities in multi-Service markets
  - Support the effective and efficient delivery of health care
- ❑ **Transform the Business:** Transform the business operating model to –
  - A fully customer-focused and performance-based organization, with--
  - Effective processes to anticipate and respond to the changing nature of health care
- ❑ **Transform the Benefit:** Transform the TRICARE benefit to –



# Transform the Force

## 1. Medical Readiness Review

- Build a medical force of the right size and with the right mix of skills for the future warfighting mission

## 2. Interoperability and Interdependency of Operational Medicine Capabilities

- Ensure capabilities are “born joint”

## 3. Homeland Defense and Medical Civil-Military Operations

- Define MHS role in these areas

## 4. Healthy, Enhanced, and Protected Force

- Develop joint standards for health and protection



# Transform the Force

## 5. Joint Medical Education and Training Focused on Performance-Based Management

- Develop common curriculum for joint medical education and training

## 6. Shaping the Future Joint Medical Force

- Use enhanced bonuses to attract previously-trained medical personnel
- Enhance medical force management, recruiting and retention

## 7. Integrate Graduate Medical Education

- Develop joint management of Service Graduate Medical Education and health professions education



# Transform the Infrastructure

## 8. Transform the Infrastructure

- Develop standardized method and performance metrics for facility condition
- Modify existing policies to streamline MILCON planning, approval, design, and construction
- Submit 2007 Legislation to allow for more efficient design and construction processes



# Transform the Business

## 9. Process Improvement

- Implement a standard process improvement method

## 10. Performance-Based Planning

- Implement standard metrics, goals and business plans

## 11. Performance-Based Financing

- Develop a DoD/OMB Model for health care costs and create a Reserve Fund for health care
- Create an Innovation Investment process and Fund

## 12. Eliminate Utilization Barriers

- Maintain clinical proficiency by placing medical essential personnel in other government agencies and private sector care settings





# Transform the Business (Cont.)

## 13. Management of Jointly-Operated Military Treatment Facilities

- Standardize governance structures and business rules

## 14. IM/IT Alignment

- Align IM/IT support with transformed business processes

## 15. Contracting for Health Care Services

- Contract out medical and ancillary services on selected military installations

## 16. Contracting for Professional Services

- Develop Tri-Service contracts for medical professionals

## 17. Effective Patient Partnerships

- Engage the beneficiary in the management of their health care



**Interoperability  
&  
Interdependency**

**Improved  
Effectiveness  
&  
Efficiencies**



**Joint  
Health  
Service  
Support**

**Provide  
Peacetime  
Benefit**





# PBD 753 Language

**Direct the Under Secretary of Defense (P&R) to work with the Chairman of the Joint Chiefs of Staff to develop an implementation plan for a Joint Medical Command by the FY 2008 – FY 2013 Program/Budget Review.**



# What problem(s) are we trying to solve?

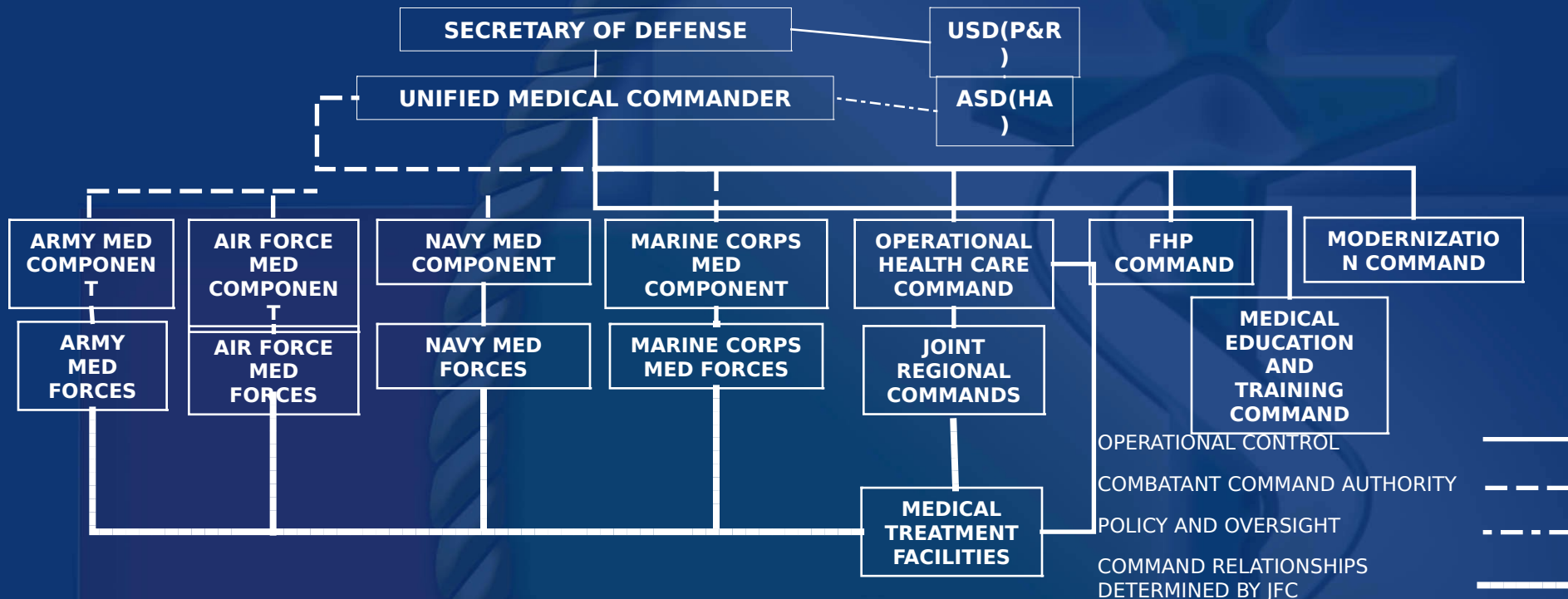
- Current MHS governance is fragmented among several paths; no single overarching structure
- Achieving unity of effort by maximizing the use of available resources & prioritizing mission requirements is challenging
- No single point of accountability
- Includes many redundancies; multiple headquarters, infrastructure
- Balancing between readiness and benefit missions difficult
- The Services do not have uniform readiness standards
- Interoperability of people & equipment in theater is challenging



# How does establishment of a J/UMC address these issues?

- Unifies command under one authority
- Provides single point of accountability
- Establishes single accounting system
  - One metrics system to measure performance/costs
- Facilitates jointly staffed facilities
- Consolidates/optimizes like services
  - IM/IT
  - Training
  - Facilities
  - Headquarters functions
  - Logistics/Acquisition
  - R & D
  - Resources
  - Preventive Medicine, etc.

# J/UMCWG Recommended Course of Action



Capability	Services	UMC	Health Affairs
Recruiting, initial entry training, promotion, professional development	●		
Medical Training		●	
Operational control of Level 1 and 2 medical personnel and organizations	●		
Operational control of Level 3 medical organizations		●	
Operational control of MTFs and clinics		●	
Combatant Command authority over Component medical organizations		●	
Management of purchased care		●	
Management of MTF infrastructure		●	
Policy and oversight			●



# What's Next?

- Draft CONOPS and overarching frameworks sent out in Joint Staff tasker to COCOMs and Services
  - Majority of COCOMs and Services support single command option
  - Specifics reconciled and CONOPS updated
- Awaiting completion of CNA manpower and cost analysis
- Tank Brief TBD
- MHSER Brief TBD
- Create top-level implementation plan IAW PBD 753